

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	211	71355	
O.I.P.E. CLASSIFIER		12/10/90	11/13
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

09-464264

INDEX OF CLAIMS

Rejected N Non-elected
 Allowed I Interference
 (Through numeral) Canceled A Appeal
 Restricted O Objected

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
1	101	51		101	
2	102	52		102	
3	103	53		103	
4	104	54		104	
5	105	55		105	
6	106	56		106	
7	107	57		107	
8	108	58		108	
9	109	59		109	
10	110	60		110	
11	111	61		111	
12	112	62		112	
13	113	63		113	
14	114	64		114	
15	115	65		115	
16	116	66		116	
17	117	67		117	
18	118	68		118	
19	119	69		119	
20	120	70		120	
21	121	71		121	
22	122	72		122	
23	123	73		123	
24	124	74		124	
25	125	75		125	
26	126	76		126	
27	127	77		127	
28	128	78		128	
29	129	79		129	
30	130	80		130	
31	131	81		131	
32	132	82		132	
33	133	83		133	
34	134	84		134	
35	135	85		135	
36	136	86		136	
37	137	87		137	
38	138	88		138	
39	139	89		139	
40	140	90		140	
41	141	91		141	
42	142	92		142	
43	143	93		143	
44	144	94		144	
45	145	95		145	
46	146	96		146	
47	147	97		147	
48	148	98		148	
49	149	99		149	
50	150	100		150	

If more than 150 claims or 10 actions
staple additional sheet here

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